ECPGR Activity Grant Scheme - budget					please fill only the boxes in green		to complete
Activity acro					]		
J	Title of meeting Location (c		No. of ECPGR-funded participants  No. of nights to be funded by ECPGR		Requested meeting budget in Euro	Please list ID No. of all Partners involved in each meeting*	
Total budget requested for meetings  * Partner ID number as listed on the proposal application form						J	
	<b>S</b> - please break down costs for eac ted to travel and accommodation please to		ve")				
ID No. of Partner*	Type of action (characterization, molecular screening, software development, etc.)			Supplies and/or services in Euro	Total costs requested to ECPGR in Euro	Additional available funding in Euro**	In-kind contribution**
				III Luio	III Edio	III Luio	
Total budget	requested for actions						
* Partner ID numb	per as listed on the proposal application for preseen by each of the project partners (bu		d contributions should	be listed here, separ	rately for each Institute	<b>.</b> )	
Summary of	budget expenses						
Total budget requested for meetings							
_	quested for other actions						
Overall budget							
Total additional available funding							